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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		F-289
First Name of Inventor		Errico;
<b>COMPLETE IF KNOWN</b>		
Application Number		/
Filing Date		9/16/2003
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Intervertebral Spacer Device Having an Angled Perimeter for Manipulation Using a Surgical Tool**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

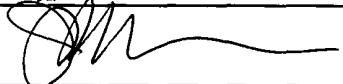
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	36402	OR <input type="checkbox"/>	Correspondence address below
<b>Name</b>					
<b>Address</b>					
City		State	ZIP		
Country		Telephone	Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR :</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Joseph P.	Family Name or Surname	Errico;	
Inventor's Signature				Date 9/16/03	
Residence: City	Green Brook,	State	NJ	Country	US
<b>Mailing Address</b> 29 Deer Path Circle					
City	Green Brook,	State	NJ	ZIP	08812
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Michael W.	Family Name or Surname	Dudasik;	
Inventor's Signature				Date 9/16/03	
Residence: City	Nutley,	State	NJ	Country	US
<b>Mailing Address</b> 29 Daily Street					
City	Nutley,	State	NJ	ZIP	07110
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box →

F-289

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Rafail		Zubok			
Inventor's Signature		Date 9/16/03			
Residence: City	Midland Park,	State	NJ	Country	US
Citizenship US					
Mailing Address 222 Spruce Street					
Mailing Address					
City	Midland Park,	State	NJ	ZIP	07432
Country		US			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		ZIP	Country

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	9/16/2003
First Named Inventor	Errico;
Title	Intervertebral Spacer Device Having an Angled Perimeter for Manipulation Using a Surgical Tool
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-289

I hereby appoint:

Practitioners at Customer Number  
**OR**  
 Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.  
**OR**  
 Practitioners at Customer Number

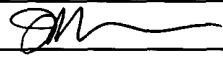
Place Customer  
Number Bar Code  
Label here

<input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	Zip
Country		
Telephone		Fax

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Joseph P. Errico, CEO, SpineCore, Inc.
Signature	
Date	9/16/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner:	Joseph P. Errico;	Michael W. Dudasik;	Rafail Zubok
Application No./Patent No.:		Filed/Issue Date:	9/16/2003
Entitled:	Intervertebral Spacer Device Having an Angled Perimeter for Manipulation Using a Surgical Tool		
SpineCore, Inc.	a	Limited Liability Company	
(Name of Assignee)		(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)	

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9/16/2003

Date

Joseph P. Errico,

Typed or printed name



Signature

CEO, SpineCore, Inc.

Title